

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	/						31	
2		/					32	
3		/					33	
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							99	
							100	
TOTAL IND.	14		14				TOTAL IND.	
TOTAL DEP.		15		15			TOTAL DEP.	
TOTAL CLAIMS	14	15	14	15			TOTAL CLAIMS	